REQUEST FOR ADDITIONAL INFORMATION ABOUT NEW OR REVISED EMPLOYER PENSION PLAN IN CASE OF CHANGE OF EMPLOYER STATUS OR TERMINATION OF PENSION PLAN

INSTRUCTIONS: The Railroad Retirement Board (RRB) requests you to complete this form for the pension plan named in item 5.

Please read the important notices and complete the Employer Certification on the reverse side of this form.

2. RRB Employer Number (4 Digit)

1. Name and Address of Railroad

3. Date of Report

4. Effective Date of Pension Plan

SECTION 1 - IDENTIFYING INFORMATION

If any of the information entered by the RRB in items 5 - 6 is incorrect, please line it out and enter the correct information.

5. The name of the pension plan on RRB records is as shown. ⟶

6. RRB records indicate that the pension plan named in item 5 covered the employee group as shown. ⟶

SECTION 2 - SALE, MERGER, REORGANIZATION OR TERMINATION OF COVERAGE UNDER THE RAILROAD RETIREMENT ACT

Complete this section if the employer status has changed due to sale, merger, reorganization or termination of coverage under the Railroad Retirement Act. Otherwise, go to Section 3.

7. Enter an "X" in the appropriate box:

   The employees described in item 6 are now automatically covered by another pension plan (other than benefits under the Railroad Retirement Act) as of the date the employer has been sold, has merged, has reorganized, or is no longer covered under the Railroad Retirement Act. ⟶

   ❑ YES ⟶ Go to item 8

   ❑ NO ⟶ Go to Section 3

8. Enter the name of the pension plan described in item 7. ⟶

   (Please enclose a copy of the plan or a summary plan description.)

9. Enter the name and address of the contact official for the pension plan described in item 7. ⟶

10. Enter an "X" in the appropriate box:

    The assets of the pension plan described in item 5 have been/will be transferred to the pension plan described in item 7. ⟶

    ❑ YES

    ❑ NO

11. Enter an "X" in the appropriate box:

    The pension plan described in item 7 is established pursuant to a collective bargaining (union) agreement. ⟶

    ❑ YES ⟶

    ❑ NO ⟶

    } Go to Section 4

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SECTION 3 - TERMINATION OF PENSION PLAN NAMED IN ITEM 5

12. Enter an "X" in the appropriate box:

The employees described in item 6 have been given the option in a written plan or agreement of either a monthly annuity purchased from an insurance company or a lump-sum payment. ⟶

❏ YES ⟶ Go to item 13

❏ NO ⟶ Go to item 14

(Please enclose a copy of this written plan or agreement or a summary agreement description.)

13. Enter the name and address of the insurance company assuming responsibility for this pension plan. ⟶

_____

14. Enter an "X" in the appropriate box:

The Pension Benefit Guaranty Corporation will assume responsibility for the pension plan named in item 5. ⟶

❏ YES

❏ NO

PAPERWORK REDUCTION ACT NOTICE

The information requested on this form is needed to determine if a reduction is required to the supplemental annuities of your retired employees under section 2 (h)(2) of the Railroad Retirement Act (RR Act) (45 U.S.C. 231a(h)(2)) and to establish the type of supplemental annuity taxes due to the Internal Revenue Service under 26 U.S.C. 3221. Furnishing this information is required by law (Section 7(b)(6) of the RR Act (45 U.S.C. 231f(b)(6))).

Federal agencies may not conduct or sponsor, and respondents are not required to respond to a collection of information unless it displays a valid OMB number. We believe this form takes an average of ten minutes per response, including the time for reviewing the instructions, getting the needed data, and reviewing the completed form. If you wish, send any comments regarding the accuracy of our estimates or any other aspects of this form, including suggestions for reducing the completion time, to the Chief of Information Management and Control, Railroad Retirement Board, 844 North Rush Street, Chicago, IL 60611-2092 and to the Office of Management and Budget, Paperwork Reduction Project (3220-0089), Washington, D.C. 20503.

SECTION 4 - REMARKS

You may use this section to enter any additional information that you feel may be important to include.

SECTION 5 - EMPLOYER CERTIFICATION BY RAILROAD CONTACT OFFICIAL

THE INFORMATION IN THIS REPORT IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

_____
Signature of RR Contact Official

_____
Title of RR Contact Official

Please return this form to:

U.S. Railroad Retirement Board
Bureau of Retirement Benefits
844 North Rush Street
Chicago, Illinois 60611-2092

_____
Business Telephone Number (Include Area Code)

_____
Date

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